

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hag</i>		6/14/00
O.I.P.E. CLASSIFIER			10-6-22-22
FORMALITY REVIEW	<i>RMBS</i>	10976	8-22-00
RESPONSE FORMALITY REVIEW	<i>RMBS</i>	10976	10-2-00

INDEX OF CLAIMS

✓ _____ Rejected N _____ Non-elected
 = _____ Allowed I _____ Interference
 - (Through numeral) _____ Canceled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Date	Claim	Date	Claim	Date
1		1		1	
2		2		2	
3		3		3	
4		4		4	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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